PTO/SB/81A (12-08)

Approved for use through 11/30/2011. OMB 0651-0035

U.S. Patent and Tracement Office; U.S. DEPARTMENT OF COMMERCE

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMS control number.

PATENT - POWER OF ATTORNEY OR REVOCATION OF POWER OF ATTORNEY WITH A NEW POWER OF ATTORNEY AND CHANGE OF CORRESPONDENCE ADDRESS Patent Number 7,472,071 Issue Date 12-30-2008 First Named Inventor James D. Marks Interactive System for Managing Questions and Answers Among Users Attorney Docket Number

hereby revoke all previous powers of attorney given in the above-identified patent. A Power of Attorney is submitted herewith. Report of Attorney is submitted herewith. In hereby appoint Practitioner(s) associated with the following Customer Number as my/our attorney(s) or agent(s) with respect to the patent identified above, and to transact all business in the United States Patent and Trademark Office connected therewith. In hereby appoint Practitioner(s) named below as my/our attorney(s) or agent(s) with respect to the patent identified above, and to transact all business in the United States Patent and Trademark Office connected therewith. Practitioner(s) Name Practitioner(s) Name Registration Number Registration Number OR The address associated with Customer Number: OR The address associated with Customer Number: Signature Filter or many discontinuous of the patent. OR Putent owner. Signature Filter of inventor, having ownership of the patent. Signature Signature Signature Manuelly Manuelly Manuelly Date Signature. Signature of as the inventor or Patent Owner. Signature of as the inventor or patent Owner. Signature of the stellar of the representative(s) are required. Submit maligle forms if more than one signature is as the inventors or patent owners of the eatile interest or their representative(s) are required. Submit maligle forms if more than one signature is negative, as a claim? Total of forms are submitted.								
I hereby appoint Practitioner(s) associated with the following Customer Number as my/our attorney(s) or agent(s) with respect to the patent identified above, and to transact all business in the United States Patent and Trademark Office connected therewith: I hereby appoint Practitioner(s) named below as my/our attorney(s) or agent(s) with respect to the patent identified above, and to transact all business in the United States Patent and Trademark Office connected therewith: Practitioner(s) Name	1 here	by revoke all p	previous powers of attorn	ney given in the ab	ove-idemi	nea patem.	oortistuuruuruurinininininnunninggpaaaaaa	
Intereby appoint Practitioner(s) associated with the interest of the peatent identified above, and to transact all business in the United States Patent and Trademark Office connected therewith: Intereby appoint Practitioner(s) named below as my/our attorney(s) or agent(s) with respect to the patent identified above, and to transact all business in the United States Patent and Trademark Office connected therewith: Practitioner(s) Name	A Power of Attorney is submitted herewith.							
Intereby appoint Practitioner(s) associated with the interest of the petent identified above, and to transact all business in the United States Patent and Trademark Office connected therewith: Intereby appoint Practitioner(s) named below as my/our attorney(s) or agent(s) with respect to the patent identified above, and to transact all business in the United States Patent and Trademark Office connected therewith: Practitioner(s) Name	OR	Control of the Annual of Control of the Control of						
hereby appoint Practitioner(s) named below as my/our attorney(s) or agent(s) with respect to the patent identified above, and to transact all business in the United States Patent and Trademark Office connected therewith: Practitioner(s) Name		attracey's) or agent(s) with respect to the patent identified above, and to transact all business in \$9830						
above, and to transact all business in the United States Patent and Tracemark Oritiss connected therewith. Practitioner(s) Name Registration Number Registration Number Registration Number Please recognize or change the porrespondence address for the above-identified patent to: The address associated with the above-mentioned Customer Number. OR The address associated with Customer Number: Segon OR Firm or State Zap Clty Country Telephone Earnithe: Inventor, flaving ownership of the patent. OR Patent owner. Statement under 37 CFR 3.73(b) (Form FTO/SB/98) submitted herewith or fired on SIGNATURE of inventor or Patent Owner. Signsture Name James Number Tele and Company Man Much Sepert Wesporth, LLC Note: Standard or regulated. Submit realityte forms if more than one signature to require, see before.	OR							
Please recognize or change the parespondence address for the above-identified patent to: The address associated with the above-mentioned Customer Number. OR The address associated with Customer Number: Sea of the address associated with Customer Number: OR State Can the: Inventor, having ownership of the patent. OR Patent owner. Statement under 37 CFR 3.73(b) (Form FTO/SB/98) submitted herewith or filed on SIGNATURE of inventor or Patent Owner. Signature Name JAMES Submitted Mark Mich & Expert Viewpoint, LLC MOZE: Stipnatures of all the inventors or patent owners of the entire interest or their representative(e) are required. Submit mailiple forms if more than one signature is required, see below.		I hereby appoint Practitioner(s) named below as my/our attorney(s) or agent(s) with respect to the patent identified above, and to transact all business in the United States Patent and Trademark Office connected therewith:						
The address associated with the above-mentioned Customer Number: OR The address associated with Customer Number: S9830 OR Firm or Individual Name Address City State Email Inventor, having ownership of the patent. OR Patent owner. Statement under 37 CFR 3.73(b) (Form PTO/SB/96) submitted herewith or filled on SIGNATURE of Inventor or Patent Owner Signature MALL MARKS Tale and Company MALL MARKS Tale and Company MALL MARKS Tale and Company MALL MARKS Expert Viewpoint, LLC MOTE: Signatures of all the inventors or patent owners of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.	Ĭ							
The address associated with the above-mentioned Customer Number. OR The address associated with Customer Number: OR Firm or subvidual Name Address City State Email Inventor, having ownership of the patent. OR Patent owner. Statement under 37 CFR 3.73(b) (Form PTO/SB/96) submitted herewith or filed on Statement under 37 CFR 3.73(b) (Form PTO/SB/96) submitted herewith or filed on Statement under 37 CFR 3.73(b) (Form PTO/SB/96) submitted herewith or filed on Statement under 37 CFR 3.73(b) (Form PTO/SB/96) submitted herewith or filed on Statement under 37 CFR 3.73(b) (Form PTO/SB/96) submitted herewith or filed on Statement under 37 CFR 3.73(b) (Form PTO/SB/96) submitted herewith or filed on Statement under 37 CFR 3.73(b) (Form PTO/SB/96) submitted herewith or filed on Statement under 37 CFR 3.73(b) (Form PTO/SB/96) submitted herewith or filed on Statement under 37 CFR 3.73(b) (Form PTO/SB/96) submitted herewith or filed on Statement under 37 CFR 3.73(b) (Form PTO/SB/96) submitted herewith or filed on Statement under 37 CFR 3.73(b) (Form PTO/SB/96) submitted herewith or filed on Statement under 37 CFR 3.73(b) (Form PTO/SB/96) submitted herewith or filed on Statement under 37 CFR 3.73(b) (Form PTO/SB/96) submitted herewith or filed on Statement under 37 CFR 3.73(b) (Form PTO/SB/96) submitted herewith or filed on Statement under 37 CFR 3.73(b) (Form PTO/SB/96) submitted herewith or filed on Statement under 37 CFR 3.73(b) (Form PTO/SB/96) submitted herewith or filed on Statement under 37 CFR 3.73(b) (Form PTO/SB/96) submitted herewith or filed on Statement under 37 CFR 3.73(b) (Form PTO/SB/96) submitted herewith or filed on Statement under 37 CFR 3.73(b) (Form PTO/SB/96) submitted herewith or filed on Statement under 37 CFR 3.73(b) (Form PTO/SB/96) submitted herewith or filed on Statement under 37 CFR 3.73(b) (Form PTO/SB/96) submitted herewith or filed on Statement under 37 CFR 3.73(b) (Form PTO/SB/96) submitted herewith or filed on Statement under 37 CFR 3.73(b) (Form PTO/SB/96) subm							CANADA CONTRACTOR CONT	
The address associated with the above-mentioned Customer Number: OR The address associated with Customer Number: S9830 OR Firm or Individual Name Address City State Email Inventor, having ownership of the patent. OR Patent owner. Statement under 37 CFR 3.73(b) (Form PTO/SB/96) submitted herewith or filled on SIGNATURE of Inventor or Patent Owner Signature MALL MARKS Tale and Company MALL MARKS Tale and Company MALL MARKS Tale and Company MALL MARKS Expert Viewpoint, LLC MOTE: Signatures of all the inventors or patent owners of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.						Ex		
The address associated with the above-mentioned Customer Number: OR The address associated with Customer Number: S9830 OR Firm or Individual Name Address City State Email Inventor, having ownership of the patent. OR Patent owner. Statement under 37 CFR 3.73(b) (Form PTO/SB/96) submitted herewith or filled on SIGNATURE of Inventor or Patent Owner Signature MALL MARKS Tale and Company MALL MARKS Tale and Company MALL MARKS Tale and Company MALL MARKS Expert Viewpoint, LLC MOTE: Signatures of all the inventors or patent owners of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.						Name and the second sec		
The address associated with the above-mentioned Customer Number: OR The address associated with Customer Number: S9830 OR Firm or Individual Name Address City State Email Inventor, having ownership of the patent. OR Patent owner. Statement under 37 CFR 3.73(b) (Form PTO/SB/96) submitted herewith or filled on SIGNATURE of Inventor or Patent Owner Signature MALL MARKS Tale and Company MALL MARKS Tale and Company MALL MARKS Tale and Company MALL MARKS Expert Viewpoint, LLC MOTE: Signatures of all the inventors or patent owners of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.								
OR The address associated with Customer Number: 59830	Please recognize or change the correspondence address for the above-identified patent to:							
The address associated with Customer Number; 59830 OR Firm or Individual Name Address State Zip Country Country Telephone Email Inventor, having ownership of the patent. OR Patent owner. Statement under 37 CFR 3.73(b) (Form FTO/SB/96) submitted herewith or filled on SIGNATURE of inventor or Patent Owner Signature Signature AMACE MANGE Telephone Talle and Company Man. Min.b. Expert Viewpoint, LLC MOTE Signatures of all the inventors or patent owners of the entire interest or their representativate) are required. Submit multiple forms if more than one signature is required, see below.	Singuis .							
Firm or Individual Name Address Oity State Zap Country Country Telephone Email I am the: I inventor, having ownership of the patent. OR Patent owner. Statement under 37 CFR 3.73(b) (Form PTO/SB/98) submitted herewith or filled on SIGNATURE of Inventor or Patent Owner Signature Signature Name Takephone Tile and Company Max. Min. 1, Expert Viewpoint, U.C NOTE: Signatures of all the inventors or patent owners of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below:								
Address City Country Telephone Email Familian Telephone Familian Telephone Familian Familian Cor Cor Signature Signature Signature Signature Mane Tamician Familian Signature Signature Mane Tamician Email Email Email Email Email Email Email Telephone Familian Email Email Familian Email Email Familian Familian Familian Signature Signature Signature Manually Manually Manually Date Telephone Telephone Telephone Telephone Marie Signatures of all the inventors or patent owners of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, so below.	Links		DOBBIEG WITH L'AUSTONIES INTRIDE	39830		and the state of t		
Country Country Telephone Email Inventor, having ownership of the patent. OR Patent owner. Signature Signature Signature Name Taylor Name Taylor Signature Taylor Signature Signature Signature Signature Taylor Signature Signature Taylor Signature Taylor Signature Signature Taylor Signature Signature Signature Taylor Signature Taylor Signature Signature Taylor Signature Taylor Signature Signature Taylor Signature Signature Taylor Signature Signature Taylor								
Country Telephone Email Lam the: Inventor, having ownership of the patent. OR Patent owner. Statement under 37 CFR 3.73(b) (Form PTO/SB/96) submitted herewith or filed on Statement under 37 CFR 3.73(b) (Form PTO/SB/96) submitted herewith or filed on SIGNATURE of Inventor or Patent Owner Signature Name Title and Company Man. Man. Expert Viewpoint, LLC MOTE: Signatures of all the inventors or patent owners of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.	Addre	\$5						
Telephone Email I am life: Inventor, having ownership of the patent. OR Patent owner. Statement under 37 CFR 3.73(b) (Form PTO/SB/96) submitted herewith ar filled on Statement under 37 CFR 3.73(b) (Form PTO/SB/96) submitted herewith ar filled on SIGNATURE of Inventor or Patent Owner Signature Name Tamel S. MARKS Telephone Title and Company Max. Max. Expert Viewpoint, LLC NOTE: Signatures of all the inventors or patent owners of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.	City			<u> </u>	State] 2	ip .	
I am the: Inventor, having ownership of the patent. OR Patent owner. Statement under 37 CFR 3.73(b) (Form PTO/SB/96) submitted herewith ar titled on SIGNATURE of Inventor or Patent Owner Signature Name Tamics D. Marick Telephone Title and Company Man. Alin. In . Expert Viewpoint, LLC MOIE: Signatures of all the inventors or patent owners of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.	Ĺ	iry			4			
Inventor, having ownership of the patent. OR Patent owner. Statement under 37 CFR 3.73(b) (Form PTO/SS/96) submitted herewith or filled on SIGNATURE of Inventor or Patent Owner Signature Name Tamics B. MATCK Telephone Title and Company Man. Man. Expert Viewpoint, LLC NOTE: Signatures of all the inventors or patent owners of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.	Telep	hone	000000000000000000000000000000000000000		Email	01111111111111111111111111111111111111		
OR Patent owner. Statement under 37 CFR 3.73(b) (Form PTO/SB/96) submitted herewith ar filled on SIGNATURE of Inventor or Patent Owner Signature Manuful Multiple Name Tallic B. Marks J. Marks J. Telephone Title and Company Man. Mun. b. Expert Viewpoint, LLC MOIE: Signatures of all the inventors or patent owners of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.								
Patent owner. Statement under 37 CFR 3.73(b) (Form PTO/SB/96) submitted herewith or filled on SIGNATURE of inventor or Patent Owner. Signature Name JAMIC B. MATCK Telephone Title and Company Man. Man. Expert Viewpoint, LLC MOIE: Signatures of all the inventors or patent owners of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.	f face of the state of the stat							
Signature Signature Name Tamics B. MARKS Telephone Tile and Company Man. Man. J. Expert Viewpoint, LLC MOIE: Signatures of all the inventors or patent owners of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.	Personal Destation of Marinet							
Signature Name JAMIC B. MATCK Telephone Title and Company Man. Man. Expert Viewpoint, LLC MOIE: Signatures of all the inventors or patent owners of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below:								
Name Tame Tame Tame Telephone	2 17 - 11							
Title and Company Man. Alin. Is. Expert Viewpoint, LLC NOTE: Signatures of all the inventors or patent owners of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below:	1 Still Still 5							
MOIE Signatures of all the inventors or patent owners of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below."	Tille and Company Islam. See to Expert Viewpoint, LLC							
	MOIE: Signatures of all the inventors or patent owners of the entire interest or their representative(s) are required. Submit multiple forms if more than one							
	S-D-S	000000000000000000000000000000000000000	NAME OF THE PARTY		AND OF THE PROPERTY OF THE PRO	- COLORO COL		

This collection of information is required by 37 CFR 1.31, 1.32 and 1.33. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentially is governed by 35 U.S.C. 122 and 37 CFR 1.31 and 1.34. This collection is estimated to take 3 minutes to complete, useful or process, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments or including gathering, preparing, and submitting the complete depolication form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this taurien, should be sent to the Chief Information Officer, U.S. Department of Commerce, P.C. Box 1450. Alexandria, VA. 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA. 22313-1450.